

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/673739

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6		5					56						
7		5					57						
8		5					58						
9		5					59						
10		5					60						
11		5					61						
12		5					62						
13		5					63						
14		5					64						
15		5					65						
16		5					66						
17		5					67						
18		5					68						
19		5					69						
20		5					70						
21		5					71						
22		5					72						
23		5					73						
24		5					74						
25		5					75						
26		5					76						
27		5					77						
28		5					78						
29		5					79						
30		5					80						
31		5					81						
32		5					82						
33		5					83						
34		5					84						
35		5					85						
36		5					86						
37		5					87						
38		5					88						
39		5					89						
40		5					90						
41		5					91						
42		5					92						
43		5					93						
44		5					94						
45		5					95						
46		5					96						
47		5					97						
48		5					98						
49		5					99						
50		5					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						